

FORM PTO-1449 (modified) To: U.S. Department of Commerce (PW FORM PAT-1449) Patent and Trademark Office	Attorney Docket No.: 2545-0483 JCO3 Rec'd PTO 20 SEP 2005 Applicant: DRAGHETTI, Fiorenzo & RIZZOLI, Salvatore Appln. S.N.: 10/549513 Filing Date: September 20, 2005 Examiner: Group Art Unit:
Information Disclosure Statement by Applicant	

Date: September 20, 2005	Page 1 of 1	
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U.S. PATENT DOCUMENTS							
Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
/M.H./	AR	5,103,960	04/1992	Brown			
/M.H./	BR	4,222,477	09/1980	Molins			
/M.H./	CR	5,220,992	06/1993	Milins			
/M.H./	DR	4,353,454	10/1982	Tolasch			
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	JR						
	KR						
	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS						English Abstract		Translation Readily Available	
		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed/ Cited Above	No	Enclosed/ Cited Above	No
/M.H./	OR	GB2132969	07/1984	Britain	Salmon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
/M.H./	PR	EP1310178	05/2003	EPO	Dombek	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
/M.H./	QR	EP0523613	01/1993	EPO	Rizzoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)					
	YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner: /Matthew Hoover/	Date Considered: 01/27/2009
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***EXAMINER:** Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.